CAMPAIGN CONTRIBUTIONS AND EXPENSES R	EPORT		Stat	e of Nevada
Tue Goddes NSHE	= Keger	77	Distric	t (if applicable)
Name (print)	503	775	-750-240	2
Mailing Address (include city and zip code)	net	Te	elephone No.	
19844560300910-41	1)01			
E-Mail Address Select Appropriate Box(es) SCANDIDATE □ PAC □ F	POL PRTY IN	ND EXP NONE	PROFIT CORP	
Select Appropriate Box(es)				
□ LEGAL DEFENSE FUND □	AMENDED			
Annual Filing - Due January 15, 2008				2009 REI
Period: January 1, 2007 – December 31, 2007				9
Report #1 — Due August 5, 2008*				12 E
Period: Jan. 1, 2008 — July 31, 2008				250
Report #2 Due — October 28, 2008*				
Period: Aug. 1, 2008 — Oct. 23, 2008				
Report #3 Due — January 15, 2009*/**				5 3
Period: Oct. 24, 2008 — Dec. 31, 2008			FOR OFFIC	E USE ONLY
Annual Filing – Due January 15, 2009 Period: January 1, 2008 – December 31, 2009	8			is U
		or office in the 2	008 election cvc	le
* These Reports are filed by incumbents/candid ** Third Report suffices for 2009 Annual Filing if	candidate als	o filed Report No	os. 1 and 2	Cumulative
				From Beginning of Report Period #1
CONTRIBUTIONS SUMMARY			This Period	through End of This Reporting
				Period
Total Monetary Contributions Received in Excess of \$100			750.00	4469,58
(See page 1 of instruction sheet)		-	10/	1::20 00
Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)			175	1830,00
Total Monetary Contributions in the form of loans guarantee.	nteed by a third		0	0
party. (See page 2 of instruction sheet)			0	0
4. Total Monetary Contributions in the form of loans that we	ere forgiven		925	
(See page 2 of instruction sheet)	This Period	Cumulative From Beginning of		
	Tills Fellou	Report Period #1 Through End of		
		This Reporting Period		
5. Total Amount of Monetary Contributions		renou	925	6299.58
Received			725	6211.50
(Add Lines 1 through 4) (See page 2 of instruction sheet) 6. Total Amount of Written Commitments for				
Contributions (When commitment is funded, report as contribution (monetary or in kind))	0	0		
(See page 2 of instruction sheet)	- 0	0		
Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)		U		
	VDENOES OU	MMADY		
	XPENSES SUI	VIIVIART		1
8. Total Monetary Expenses Paid in Excess of \$100			299.00	5,391.40
(See page 2 of instruction sheet) 9. Total Monetary Expenses Paid of \$100 or Less			0	0
(See page 2 of instruction sheet)			-	1 5 5 61 11
10. Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 2 of instruction si	heet)		299.00	5,391,4
11 Total Value of In Kind Expenses in Excess	0	0		
of \$100 (See page 3 of Instruction sheet) 12. Disposition of Unspent Contributions				
(Only reported on Report #3 , Annual Report or 15th				
day of the second month after candidates defeat or incumbent does not run for reelection)		0		
(See page 3 of instruction sheet)			_	
	AFFIRMAT	TION rue and Correct.		
I Declare Under Penalty of Perjury That the F	oregoing is 11	ino una corroca	11	-04
11 Sleds			1-0	
Signature			Date	

(Z)

#3

		11	
-	1500	Gedde	4
Name (print)		

NSHE Regent Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
Hooks Wright Wood 189509	B-11				
James Christensen Fairview Dr. Reno, NV 89511 Specialty Health Liberty Street Reno, NV 89501 Parrick Herz	10-28	250.00			
Specialty Health Liberty Street Reno, NV 89501	10-28	250.00			
Parrick Herz Froncovich CT. Reno, NV 89501	10-28	250,00			
	- 10 m				

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Jason	Geddes
Name (print)	

NSHE Regent
Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Greensun Media Group Po. Bot 98970 Las Vergas, NV 89193	J	10-25-04	299.00

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EL201.doc

Revised: Jan-08